TREATMENT PROTOCOL: HYPOTHERMIA

- 1. Basic airway
- 2. Oxygen/pulse oximetry
- 3. Assist respirations prn
- 4. CPR prn
- 5. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
- 6. Advanced airway prn
- 7. Provide warming measures prn
 - Move to warm environment
 - Use warmed NS when possible
 - Remove any wet clothing and wrap in warm blankets
 - Use warm humidified oxygen if possible

FROSTBITE	ALTERED LOC	FULL ARREST
8. Handle affected area gently 9. Remove constrictive jewelry 10. Cover and protect affected area 11. Do not allow affected area to thaw and then refreeze	8. Venous access 9. Blood glucose test 10. If blood glucose is less than 60mg/dl: Dextrose 50% 50ml slow IV push, may repeat one time Pediatric: See Color Code Drug Doses/L.A. County Kids 2yrs of age or younger: Dextrose 25% 2ml/kg slow IV push 2yrs of age or older: Dextrose 50% 1ml/kg slow IV push up to 50ml 11. ESTABLISH BASE CONTACT (ALL) 12. If hypotensive: Normal Saline fluid challenge 10ml/kg IV at 250ml increments Use caution if rales present	8. Venous access 9. Blood glucose test 10. If blood glucose is less than 60mg/dl: Dextrose 50% 50ml slow IV push, may repeat one time Pediatric: See Color Code Drug Doses/L.A. County Kids 2yrs of age or younger: Dextrose 25% 2ml/kg slow IV push 2yrs of age or older: Dextrose 50% 1ml/kg slow IV push up to 50ml 11. ESTABLISH BASE CONTACT (ALL) 12. See Ref. No. 1210, Non-Traumatic Cardiac Arrest Treatment Protocol • 2
SPECIAL CONSIDERATIONS		

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- If hypothermia is suspected, defibrillate only once, administer only one dose of epinephrine and **no other medications** should be administered until the patient is re-warmed.
- If hypothermia is suspected, resuscitation efforts should not be abandoned until the patient is re-warmed or the base hospital orders termination of resuscitative efforts; however, if hypothermia is suspected with submersion greater than 1 hour, consider utilizing Reference No. 814, Determination/Pronouncement of Death in the Field.